

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)ATTORNEY DOCKET NUMBER
10070-1003

As a below named inventor, I (we) hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR PRODUCING RADIOACTIVE MATERIALS FOR MEDICALTREATMENT USING X-RAYS PRODUCED BY AN ELECTRON ACCELERATOR

the specification of which (check only one item below):

☐ is attached hereto.☒ was filed as United States applicationSerial No. 09/379,439on August 23, 1999

and was amended

on _____ (if applicable)

☐ was filed as PCT international application

Number _____

on _____

and was amended under PCT Article 19

on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 or §356 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 10070-1003	
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS				STATUS (Check one)	
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED
60/097,564	August 24, 1998			X	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: BRADFORD L. FRIEDMAN, Reg. No. 41,764 of Varian Medical Systems, Inc., having a place of business at 3100 Hansen Way, Palo Alto, CA 94304; and MITCHELL P. BROOK, Reg. No. 32,967, DAVID I. ROCHE, Reg. No. 30,767, MOSES MARES, Reg. No. 40,716, RICHARD C. KIM, Reg. No. 40,046, ANTOINETTE F. KONSKI, Reg. No. 34,202, JOHN G. FLAIM, Reg. No. 37,323, and WILLIAM KOLEGRAFF, Reg. No. 41,125, all attorneys with the firm of BAKER & MCKENZIE, having an office address at 101 West Broadway, San Diego, CA 92101-3890.					
Send Correspondence to: Mitchell P. Brook, Esq. BAKER & MCKENZIE 101 West Broadway, 12th Floor San Diego, CA 92101-3890			Direct Telephone Calls to: <i>(name and telephone number)</i> Mitchell P. Brook (619) 236-1441		
201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
		McIntyre	Raymond	D.	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
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202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
		Johnsen	Stanley	W.	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
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		3842 La Donna Avenue	Palo Alto	California 94306	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u> 1 </u> supplemental Additional Inventor(s) sheets(s) attached hereto.					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201			SIGNATURE OF INVENTOR 202		
DATE			DATE		

Additional Inventors

203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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		San José	California	USA
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204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Delfino	Michelangelo	
		Los Alamos	California	USA
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205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Seppi	Edward	
		Pomona Valley	California	USA
		320 Dedalens Drive	Pomona Valley	California 94028
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
SIGNATURE OF INVENTOR 203		SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205
				X Edward Seppi
DATE		DATE		DATE
				4/24/02

* Michelangelo Delfino refuses to sign this Declaration